XX. ASSISTIVE TECHNOLOGY / REHABILITATION TECHNOLOGY FOR OLDER AND DISABLED ADULTS

Current Providers:
Funding Sources:
Total Funding Last Fiscal Year:
Number of Consumers Served Last Fiscal Year:
Average Cost of the Service Last Year (for each funding source):
A. EXISTENCE
Are these services available to older and disabled adults in your community?

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Are these services available to older and					
disabled adults in your community?					
1. Does your community have at least one provider that offers					
AT-related services to:					
Adults with disabilities and older adults and their families?	Yes			N	О
Older adults experiencing difficulty with daily activities?	Yes			N	О
2. Does your community have at least one provider that offers	Yes			N	0
specialized AT-related services for people with disabilities?					
3. If your community does not have a provider of AT-related	Yes			N	O
services, is there a provider in a neighboring county or					
community that could serve those in need?					
OVERALL EXISTENCE RATING	1	2	3	4	5

B. ADEQUACY Are these services in sufficient supply for those who	need it)		
1. Is there an unmet need for AT-related services?	Yes]	No
2. Are there waiting lists for AT-related services? If so, how many people are waiting for each type?	Yes			No
Why is there a waitlist (ex. Lack of funding, no provider)?				
(How many people are on the waiting list for each type of AT-related service in your community? How many currently receive service? What is the ratio of the number waiting ÷ the number of people receiving services? How does the ratio compare to state rates and similar counties? If there is not a waiting list, is it because everyone who qualifies receives services, because it is not agency policy to keep a waiting list, etc.?)				
3. If there is a waiting list, how acceptable is the average waiting time?	1 2	3	4	5
(What is the average waiting time? How many people did not need AT-related services anymore by the time they reached the top of the waiting list?)				
4. To what extent are AT-related services available to people in all areas of your community? Please list any uncovered areas:	1 2	3	4	5
(Are there any urban areas or large rural areas more than 20 miles from the nearest AT-related services?)				
5. How adequate is funding to provide a sufficient amount of AT-related services in your community to all who need it?	1 2	3	4	5
(What funding sources pay for AT-related services in your community? Are there longer waiting lists for certain payer sources? What is the per capita expenditure on AT-related services in your community? How does this compare to the state average and similar counties?)				
6. To what extent are the hours of operation convenient for older and disabled adults needing services as well as their caregivers and families?	1 2	3	4	5
(What are the days and hours that AT-related services are available?)				

OVERALL	ADEQUACY	RATING
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1 2 3 4 5

	C. ACCESSIBILITY How obtainable are these services for those most in	noc	49			
1						
1.	How successful are the outreach programs conducted by	1	2	3	4	5
	publicly-funded AT-related service providers in your					
	community?					
	(What types of public information, outreach, and other informational					
	programs are offered to the general public, caregivers and others?					
	What % of consumers are self-referred?)					
2.	To what degree do older and disabled adults and their	1	2	3	4	5
	caregivers know about AT-related services in your					
	community?					
	(What % of consumers use AT-related services without the					
	recommendation of a health or social services professional?)					
3.	To what extent is home-delivery of AT-related services	1	2	3	4	5
	available for those without access to transportation and/or					
	who are unable to leave the house?					
	(Is access available? Are there any fees associated with transporting equipment? How long does it take the equipment to reach the					
	consumer? Is there any types of equipment that cannot be					
	transported?)					
4.	To what degree are AT-related services available to people	1	2	3	4	5
	with disabilities when requested?					
	(Are AT-related service providers' facilities handicap accessible? Are					
	they located on public transportation routes?)					
٥.	To what extent do AT-related service providers have					
	special features to assist persons who are	1	2	2	1	5
	Physically disabled?	1	2	3	4 4 4 4) 5
	Developmentally disabled?	1	2	3 2	4) 5
	Sensory-impaired? or Who have Alzheimer's disease or other memory disorders?	1 1	2) 2	4 1) 5
	Who have Alzheimer's disease or other memory disorders?	1	2	3	4	J
6.	To what extent do AT-related service providers offer	1	2	3	4	5
	environment-specific evaluation such as in-home					
	assessment?					
	(What is the estimated percentage of people within your community					
	who need an environment-specific evaluation such as an in-home					

and/or community-based assessment?)					
7. To what extent are AT-related services affordable to everyone who needs assistance?	1	2	3	4	5
(What funding sources are accepted by AT-service providers in your community? What is the per capita expenditure (for all older and disabled adults) on AT-related services in your community?)					
8. To what extent is funding available to consumers who have been identified as economically needy?	1	2	3	4	5
(How many economically needy people receive this service? What is the number of economically needy people receiving this service ÷ total number of people receiving this service? How does the proportion compare to the state rate and similar counties? Do providers offer sliding-scale fees?)					
OVERALL ACCESSIBILITY RATING	1	2	3	4	5

D. EFFICIENCY AND DUPLICATION OF SER	VIC	ES			
How reasonable are the costs of services?					
Are options for streamlining services available in the co	omm	unit	y ?		
1. To what extent are your community's AT-related service	1	2	3	4	5
providers a part of a coordinated system?					
2. To what extent is a multidisciplinary approach to AT	1	2	3	4	5
service evaluation and intervention, including available					
training for all involved parties, used in your community?					
3. How reasonable are the costs for AT-related services in	1	2	3	4	5
your community?					
(What is the average cost of the most commonly used AT-related					
services? How does this compare to state and similar county					
averages? Are there discounted prices and sliding scale fees?)	1			4	_
4. How reasonable are the administrative costs of providing	1	2	3	4	5
AT-related services for publicly funded providers?					
(What % of the entire budget is used for administrative costs? How does this compare to the state average and %'s in comparable					
counties?)					
5. To what degree are there identified funding alternatives and	1	2	3	4	5
supplemental funding sources, such as Medicare, insurance,		_	J	•	
and grants available?					
6. To what extent does a lead agency in your community	1	2	3	4	5
broker AT-related services or subcontract with other		_	٥	•	
providers?					
providers.					
OVERALL EFFICIENCY AND DUPLICATION RATING					

E. Equity					
How available are these services to all who need them w	ithou	ut bi	ias?		
1. To what extent does payer source influence the amount or	1	2	3	4	5
type of services the consumer receives?					
(Are there differences in services provided to subsidized vs. private pay consumers?)					
2. To what extent are AT-related services available to all	1	2	3	4	5
geographic areas in your community?					
(Where are providers located? Are there any areas in your community where AT-related services are not available? If so, where? Why?)					
3. If there is a waiting list for publicly-funded AT-related	1	2	3	4	5
services, how sufficient is the system in place for					
prioritizing consumers in terms of need?					
(What are the policies and procedures governing prioritization?)					
4. To what degree are AT-related services available to all	1	2	3	4	5
populations in your community without bias?					
(What are the demographic characteristics of AT consumers? How do					
consumer characteristics compare to the characteristics of older and					
disabled adults in your community? Is there any reason other than					
cost for any observed demographic differences in participation?)	4				
5. How sufficient are AT services providers'	1	2	3	4	5
nondiscrimination policies?					
(What are the providers' nondiscrimination policies? Do they differ					
from state and federal law? How are consumers and employees made					
aware of these policies? Have there been any allegations of discrimination in service delivery?)					
OVERALL EQUITY RATING	1	2	3	4	5

F. Quality/Effectiveness How successful are these services in addressing consum	nare!	naa	-le?		
How adequate are the procedures for determining how and when to expand services?	1	2	3	4	5
2. To what extent are value and efficiency measures in place in terms of:					
Timeliness of services and reports?	1	2	3	4	5
Quality of information in reports?	1	2	3	4	5
Opportunity for trial of AT devices during the assessment period? and	1	2	3	4 4 4	5
Relevance of the recommended devices to the consumer's goals and living circumstances?	1	2	3	4	5
3. To what extent are measures in place to evaluate the effectiveness of AT devices or services in enhancing service outcomes?	1	2	3	4	5
(Are accountability and cost benefit analyses used as measures? What customer service outcomes, process measures, QA, and product evaluations have been employed by AT service providers in the past 5 years, other than client satisfaction surveys?)					
4. To what extent do AT-related service providers survey consumers to determine satisfaction with devices and services, unmet needs, service gaps, etc.?	1	2	3	4	5
(What customer satisfaction surveys, focus groups, comment cards, or other means of getting consumer input have been conducted by public and for-profit providers in the last 5 years? What were the major findings?)					
5. To what extent do providers act on consumer feedback?	1	2	3	4	5
(Have any program/policy changes been implemented as a direct result of client feedback?)					
6. To what extent does your community have an up-to-date	1	2	3	4	5
AT development plan, improvement plan, or any other					
reports in place? If reports exist, what progress has been made in meeting the plan's recommendations?					
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7. How sufficient are the provider's complaint resolution processes?	1	2	3	4	5

	(What are the complaint resolution processes? How many complaints were documented last year at each agency? What was the nature of the complaints? What % were rectified?)					
8.	To what extent do the programs allow consumers and/or	1	2	3	4	5
	caregivers to participate in decisions about the services that					
	are being provided? (i.e., scheduling of tasks, scheduling of					
	arrival, choice of provider, revision of care plan)?					
O.	VERALL QUALITY/EFFECTIVENESS RATING	1	2	3	4	5

Recap of Overall Assistive Technology Ratings							
Existence	1	2	3	4	5		
Adequacy	1	2	3	4	5		
Accessibility	1	2	3	4	5		
Efficiency and Duplication	1	2	3	4	5		
Equity	1	2	3	4	5		
Quality/ Effectiveness	1	2	3	4	5		

Assistive Technology's Major Strengths:

Identified Barriers and Areas for Improvement: